

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>06/18/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>	<i>64934</i>	<i>8/11/00</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>64934</i>	<i>10/18/00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
1	01/12/00
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Claim	Date
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If more than 150 claims or 10 actions, staple additional sheet her  
**BEST AVAILABLE COPY**  
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